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Allan W. Olsen, Examiner Art Unit 1763

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Lawrence J. McClure

For internal purposes only:

Date: June 23, 2006

Client number:

81872.0050

Time:

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Confirmation number: Return Fax to Diane Zynn

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MESSAGE:

RE: U.S. Patent Application Serial No.: 10/648,429, Our Ref. 81872,0050 hereby certify that the following documents:

- Request for Continued Examination (RCE)
- Response to Notice of Non-Compliant Amendment (Amendment Under 37 CFR 1.116)
- Amendment Transmittal
- Petition for Extension of Time (1 month)

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

> June 23, 2006 Date of Deposit

Art Unit:

Examiner:

1763

Allan W. Olsen

I hereby certify that this

Commissioner for Patents

Alexandria, VA 22313-1450 on

via facsimile to

(571) 273-8300:

Mall Stop RCE

P.O. Box 1450

June 23, 2006 Date of Deposit

Diane Zynn Name X1'ane

ánature

FORM F TO-1083

Attorney Docket No. 81872.0050 Patent Application No. 10/648,429

correspondence is being transmitted

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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JUN 2 3 2006

06/23/06

Date

In re application of:

Yosuke INOMATA, et al.

Serial No. 10/648,429 Filed: August 26, 2003

Method and Apparatus for Processing Substrate and For Plate Used Therein

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an RCE and Amendment for the above-identified application; and

冈 Petition for Extension of Time (1-Month).

The fee has been calculated as shown below:

	(Coi, 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/8M \$ ENTITY FEE		ADD'L FEE DUE	
TOTAL CIAIMS FEE	15] - [31	**	0	LG=350 SM=\$25	\$50	\$	0
INDEPENDENT CLAIM'S FEE	5	_] -]	11	•	٥	LG=\$200 SM=\$100	\$2D0	\$	0
FIRST PRI SENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$380							\$	0	
Independent Claims: 1, 8, 16, 21, 25					TOTAL				0

may in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- Please charge the fee of \$120 for the one-month extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge any deficiencies of fees associated with this \boxtimes communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is
 - X Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

図 Any patent application processing fees under 37 C.F.R. § 1.17

Date: June 23, 2006

Biltmore Tower 500 South Grand Avenue, Suite 1900 Los Angeles, California 90071

Telephone: 213 337-6700 Facsimile: 213 337-6701

Respectfully submitted,

HOGAN WHARTSON L

Lawrence J. McClure Registration No. 44,228 Attorney for Applicant(s)

.L.P._Λ

IIILA - 81872/0050 - 267 -68 vs

Art Unit: Examiner:

FORM PTO-1083

Attorney Docket No. 81872.0050 Patent Application No. 10/648,429

correspondence is being transmitted

Allan W. Olsen

I hereby certify that this

Commissioner for Patents

Alexandria, VA 22313-1450 on

via facsimile to

(571) 273-8300;

Mail Stop RCE

P.O. Box 1450

<u>June 23, 2006</u> Date of Deposit

Diane Zynn Name

Signature

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TOTAL CI AIMS FEE	15	•	31	-	٥	LG=\$50 \$50 SM=\$25		\$	0
INDEP: NDENT CLAIMS FEE	6	T-	11	175	D	LG=\$200 \$200 SM=\$100	,	\$	0
FIRST PRISENTATION OF MULTIPLE DEPENDENT CLAIMS LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$160							0	ş	0
Independent Claims: 1, 8, 15, 21, 25					TOTAL				8

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the 'Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the 'Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The 'Highest Number Previously Paid For" (Total or Inde) and on the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filled.

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Date: Juno 23, 2006

Biltmore Tower 500 South Grand Avenue, Suite 1900 Los Angeles, California 90071 Telephone: 213 337-6700

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Respectfully submitted, HOGAN &/HARTSON L.L.P.

By: Lawrence J. McClure Registration No. 44,228

Attorney for Applicant(s)